



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254503
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1254503

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	AAS Oil Co., Inc.
Well Name	WARNER A 1
Doc ID	1254503

All Electric Logs Run

Dual Compensated Porosity
Miicroresistivity
Dual Induction
Computer Processed Interpretation

JM 1409 FT 1378



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 48433
LOCATION 180
FOREMAN Jeff Shell

INVOICE # 82580
FIELD TICKET & TREATMENT REPORT

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

CEMENT API# 15-035-24628-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/8/14	1091	Wamer A#1	19	34	3	Cowley
CUSTOMER			TRUCK #		DRIVER	
AAS oil co. inc			467		Ron	
MAILING ADDRESS			681		Steve	
2508 Edgemont Dr Ste#4			539		Jeff	
CITY			STATE		ZIP CODE	
Arkansas city			KS		67005	

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 330 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 330 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 45 WATER gal/ek _____ CEMENT LEFT IN CASING 20ft
 DISPLACEMENT 20 DISPLACEMENT PSI 250 MIX PSI 150 RATE 5.0

REMARKS: Safety Meeting, brake circ. pumped 18.5 SKS class A cement
3% calcium 2% Gel 1/2 lb Poly displaced to surface with 20 bbls
fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	870.00	870.00
5406	68	MILEAGE	4.20	285.60
5407A	9ton	Tan Mileage delivery	121	862.92
1104S	2101	18.5 SKS class A cement	15.70	2904.50
1102	450lbs	calcium	.78	351.00
1118B	400lbs	Gel	1.22	88.00
1107	100lbs	Polyflake	2.47	247.00
			Subtotal	5609.02
			Minus 30% material Discount	1077.15
			Subtotal	4531.87
			SALES TAX 6.4	160.85
			ESTIMATED TOTAL	4692.72

Revin 3737

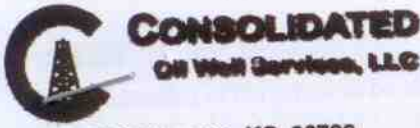
AUTHORIZATION m Jtk TITLE Tool Pusher DATE 12-8-14

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

JM 1481

FT 1433

TICKET NUMBER 48535
LOCATION FL Donado
FOREMAN Fuzzy



Invoice # 802638

FIELD TICKET & TREATMENT REPORT
CEMENT

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-12-14	1091	WARNER A-#1	19	34	3	Cowboy
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
AAS			760	CHRIS		
MAILING ADDRESS			775	SCOTTY		
2508 Edgewood Dr. Suite 4				Tyler		
CITY	STATE	ZIP CODE				
Arkansas City	KS	67005				

Goedels Springs
S-282
112E
W.W.

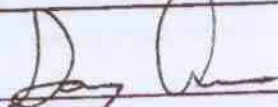
HOLE DEPTH 3499' CASING SIZE & WEIGHT 5" x 15.5
HOLE SIZE 7 7/8 DRILL PIPE _____ TUBING _____ OTHER _____
CASING DEPTH 3497' SLURRY WEIGHT 14.7 SLURRY VOL 52.7 WATER gal/sk _____ CEMENT LEFT in CASING 1'
DISPLACEMENT 83.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Collick Pdg. Float eq. p 1-3-5-7-9-11-19-29
Base 10-20-30 Run up and circ 1/2 hr Pump 5 Bbl water
500gal mud flush 5 Bbl water. Mix 200lbs Class 'A' 370cc
270cc w/5# Kalseal. Wash pump and lines drop plug and displace
83 3/4 Bbl. 1100' lost hand plug @ 1600'. Float held.

Thanks
Fuzzy + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	60	MILEAGE	4.20	252.00
5407A	9.4 gal	Tow Mileage Delivery	1.91	179.50
5402	900'	CASING FOOTAGE	.23	207.00
11045	2167 200gts	Class 'A'	15.20	3140.00
1118B	600*	Gel	.22	132.00
1102	400*	Calcium Chloride	.78	312.00
1118A	1000*	Kalseal	.46	460.00
1144a	2168 500gal	mud flush	1.10	550.00
4454	1	5/8" Lathdown Assy	266.25	266.25
41365	8	5/8" S-Band Tubularizers	132.50	1060.00
4104	3	5/8" Baskets	290.00	870.00
4159	1	5/8" A To Float shoe	361.00	361.00
4310	1	5/8" collar	24.04	24.04
4310	1	5/8" 14" nipple	134.20	134.20
Subtotal			9649.19	
Disc - 1213.20				
Subtotal			8435.99	
SALES TAX				390.19
ESTIMATED TOTAL				8826.22

Revin 3737

AUTHORIZATION  TITLE Prod Supt DATE 12-12-14

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

June 10, 2015

Dennis K. Shurtz
AAS Oil Co., Inc.
2508 EDGEMONT DR STE # 4
ARKANSAS CITY, KS 67005-3844

Re: ACO-1
API 15-035-24628-00-00
WARNER A 1
SW/4 Sec.19-34S-03E
Cowley County, Kansas

Dear Dennis K. Shurtz:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 12/08/2014 and the ACO-1 was received on June 09, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department